

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to inform you about the side effects I have been experiencing since I started taking ZQuill.

1. ****Side Effect 1****: [Describe the side effect, e.g., "I have been experiencing drowsiness throughout the day, which has affected my daily activities."]

2. ****Side Effect 2****: [Describe the side effect, e.g., "I have noticed an increase in my heart rate, especially in the evenings."]

3. ****Side Effect 3****: [Describe the side effect, e.g., "There has been a mild headache that persists even after I stop taking the medication."]

These side effects have raised concerns for me, and I would appreciate your guidance on how to proceed. Should I stop taking ZQuill, or is there an alternative treatment you recommend?

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]